

**Missouri State Library**  
**APPLICATION FOR FY07 STATE AID GRANT – CITY-BUDGET Supported Municipal Library**

Date: \_\_\_\_\_ City: \_\_\_\_\_

Fiscal Year of this report: From \_\_\_\_\_ to \_\_\_\_\_

1	Name of Library taxing district:
2	If library is part of a regional library, please give name:
3	Name of Librarian:
4	Address of library's main office (street address, P.O. Box, city, zip code):
5	County:
6	Phone number:
7	Amount of State Aid funds received during fiscal year of this report: \$ Do NOT include Equalization or Athlete & Entertainer tax funds received.
8	How were these funds expended? <input type="checkbox"/> Library Collection <input type="checkbox"/> Other, please describe: <input type="checkbox"/> Equipment <input type="checkbox"/> Operations <input type="checkbox"/> Personnel <input type="checkbox"/> Programs
<b>THE FOLLOWING TO BE COMPLETED BY CERTIFYING OFFICIAL:</b>	
9	OFFICIAL POPULATION of City (2000 U.S. Census figure will be provided by State Library). <span style="float: right;">XXXXXX</span>
10	TOTAL ASSESSED VALUATION of City for the last full fiscal year: <span style="float: right;">\$</span>
11	LIBRARY TAX INCOME for fiscal year of this report: Total funds received by the library from the City for the last full fiscal year. Include delinquent and intangible taxes credited to the Library Fund account during the last full fiscal year, salaries, utilities, maintenance, and contracted repairs. Do NOT include in-kind services (such as use of a city building), State Aid grants, or any other miscellaneous income. <span style="float: right;">\$</span>
12	DIVIDE Line 11 (amount the library received from the city) by Line 10 ( total assessed valuation): <span style="float: right;">\$</span>
13	MULTIPLY amount on Line 12 by 100: This is the equivalent tax rate which would generate the amount provided. <span style="float: right;">\$</span>
14	<b>CERTIFICATION (by City Official)</b> I certify that the information I have reported above is true and correct.  <hr/> Name and Title of City Official providing information (please type)  <hr/> <div style="display: flex; justify-content: space-between;"> <div>Signature of City Official providing information</div> <div>Telephone number</div> </div>

**CERTIFICATION (by Library Officials):**

We, the undersigned, do hereby certify that the information contained on this form is true and correct to the best of our knowledge.

We fully understand that State Aid to public library funds is reported as state matching funds by the Missouri State Library to qualify for federal grant monies, and therefore, may not be reported by an individual library as matching funds for any other federal grant.

\_\_\_\_\_  
Librarian

\_\_\_\_\_  
Treasurer of Library Board\*

*\*Required by RSMO 181.060.3 Please see  
instructions if anyone other than Treasurer signs this form.*

**NOTARY:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2006

My commission expires \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**DEADLINE:** Applications must be signed, notarized, and postmarked on or before June 30, 2006, to be eligible for State Aid during the current fiscal year. Faxed applications will NOT be accepted. We recommend certified mail or any other means that will give your proof of date sent.

**Mail to:**

State Aid Application  
Missouri State Library  
600 West Main Street, P.O. Box 387  
Jefferson City, MO 65102-0387